

Form CAFC401 – Petition for Change of Name

(For Adult Individual)

I am a resident of the following county
in the State of Missouri:

In the Circuit Court of

MISSOURI

If this is an amended petition, what is
the case number of the pending case?

Case Number

Division Number

Answer all questions on this form completely.

Your Information

1. My current full legal name is: *(You are the “Petitioner” in this case.)*

(First Name)

(Middle Name)

(Last Name)

(Jr./Sr./III)

2. I want to change my name to:

(First Name)

(Middle Name)

(Last Name)

(Jr./Sr./III)

3. ☐ This is the first petition I have filed in this case. (Original Petition)
☐ This is the second petition I have filed in this case.

4. My mailing address is:

(Street)

(City)

(State)

(Zip)

(Telephone Number)

(E-Mail Address)

5. My mother’s full maiden name is:

(First Name)

(Middle Name)

(Last Name)

6. My father’s full name is:

(First Name)

(Middle Name)

(Last Name)

(Jr./Sr./III)

7. My husband’s or wife’s full name is:

(First Name)

(Middle Name)

(Last Name)

(Jr./Sr./III)

8. My birth date is: *(mm/dd/yyyy)* _____

9. My place of birth is: *(City)* _____ *(State)* _____

10. The change of my name would not be detrimental to any other person.

Residence Information

11. I reside in the Country of _____.
12. I reside in the State of _____.
13. I reside in the County of _____.

Children's Information

14. I have _____ child(ren) who is/are listed below.
- | | |
|---|------------------------------------|
| a. _____
<i>(Child's full name as it appears on the birth certificate)</i> | Age: _____
<i>(Child's Age)</i> |
| b. _____
<i>(Child's full name as it appears on the birth certificate)</i> | Age: _____
<i>(Child's Age)</i> |
| c. _____
<i>(Child's full name as it appears on the birth certificate)</i> | Age: _____
<i>(Child's Age)</i> |
| d. _____
<i>(Child's full name as it appears on the birth certificate)</i> | Age: _____
<i>(Child's Age)</i> |
| e. _____
<i>(Child's full name as it appears on the birth certificate)</i> | Age: _____
<i>(Child's Age)</i> |
| f. _____
<i>(Child's full name as it appears on the birth certificate)</i> | Age: _____
<i>(Child's Age)</i> |
15. The place of the residence of the child(ren) is/are: *(State the address(es) of the children)*
- _____
- _____

Information about Previous Names

16. Check one of the two boxes.
- ☐ My name has never been changed.
- ☐ My name has previously been changed as follows: *(State when and where and by what court)*
- _____
- _____

Additional Information

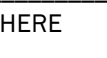
17. Check all boxes that apply.
- ☐ I am the victim of a crime based upon domestic violence as defined in §455.200, RSMo.
- ☐ I am the victim of a child abuse as defined in §210.110, RSMo.
- ☐ I am the victim of abuse by a family or household member as defined in §455.010, RSMo.

Information about Judgments and Cases against Me

19. Check one of the two boxes.

20. Check one of the two boxes.

- ## Request for Relief

 SIGN HERE PRINT YOUR NAME HERE

Subscribed and sworn to this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

Sign this in front of a
Notary Public

ATTORNEY INFORMATION *(To be completed by your attorney)*

Attorney – SIGN HERE

Missouri Bar Number

Attorney for Movant – PRINT YOUR NAME HERE

(Street)

(City)

(State)

(Zip)

(Telephone Number)

(Fax Number)

(Email Address)

Do not enter any information here if you are filing this case without the assistance of a lawyer.

This information should be completed by your attorney.

☐ *I have assisted Petitioner in the preparation of these pleadings, but I am not entering my appearance on behalf of Petitioner.*

This should only be completed if a lawyer helped you with this form